

Review of compliance

Orwell Housing Association Savile Court	
Region:	East
Location address:	Savile Court Victoria Road Felixstowe Suffolk IP11 7PT
Type of service:	Domiciliary care service
Date of Publication:	August 2012
Overview of the service:	<p>Orwell Housing Association is registered for the regulated activity 'personal care' to be provided from Savile Court.</p> <p>Savile Court is a supported housing service providing care and support to people living with learning disabilities in their own homes.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Savile Court was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We visited three people who used the service in their homes. They told us that they were consulted about the support that they were provided with and the staff listened and acted on what they said. They said that the staff treated them with respect.

What we found about the standards we reviewed and how well Savile Court was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was meeting this standard. Before people received any support they were asked for their consent and the provider acted in accordance with their wishes.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care and support that met their needs and protected their rights.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The provider was meeting this standard. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider was meeting this standard. People were supported by suitably qualified, skilled and experienced staff.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were supported by staff who were supported to deliver care and support safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

Three people spoken with told us that they were consulted about the support that they were provided with. They also said that the staff listened and acted on what they said. One person said "They listen to me."

One person and a staff member told us that they read through the person's care plan and signed it to show that they agreed with the contents.

Two people said that the staff always asked for their permission before they went into their homes. This was confirmed during our visit. We saw staff ask people if they could go into their flats. They also asked if they were willing to allow us into their homes and if they could get their care records from their cupboards to show us.

Other evidence

We saw the care records of three people who used the service which included information about how they preferred to be supported to meet their needs. The care records had been signed by people to show that they had agreed with the contents. People had participated in their care reviews which told us that they were consulted about the support they were provided with.

One person's records seen held a Mental Capacity Assessment. This meant that where

people may not have capacity to consent, the provider acted in accordance with legal requirements. We spoke with a staff member who told us that they had attended Mental Capacity Act and Deprivation of Liberty Safeguards training. This was confirmed in their training certificates that were seen.

Our judgement

The provider was meeting this standard. Before people received any support they were asked for their consent and the provider acted in accordance with their wishes.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were happy with the service they were provided with. One person said "I'm happy."

People agreed to let us see their care records, which were kept in their homes. They said that they knew what was in their records. One person said "It tells staff what I like."

Other evidence

Our compliance review in March 2012 found that the provider was not meeting this standard. This was because people could not be assured that assessments were completed when they lacked capacity to make decisions about their support.

The provider sent us their improvement report and explained how they had addressed the shortfalls identified in our compliance report. During this visit to the service we found that the provider had made the improvements that they had told us about.

We saw the care records of three people who used the service which showed that their needs were assessed and support was planned and delivered in line with their individual care plans. People's care plans identified the support that people required to meet their needs and preferences. There were risk assessments in place which showed how the assessed risks identified in people's support plans were minimised, including risks in their homes and managing their finances.

Our judgement

The provider was meeting this standard. People experienced care and support that met their needs and protected their rights.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Three people told us that the staff supported them with preparing their meals when they asked for assistance. They said that they chose what they wanted to eat and did their own shopping with staff support when needed.

During our visit to a person's home we saw a staff member supporting the person to prepare their lunch. They chose what they wanted to eat and referred to their menu which they had completed. We discussed their likes and dislikes with regards to food and they said "I always choose what I want."

Other evidence

We saw three people's care records which showed that they were supported to maintain a balanced and healthy diet. The records explained what support people required to meet their needs and how their needs were met. This meant that people were supported to eat and drink sufficient amounts to meet their needs.

We saw staff training records which included a training matrix and certificates which showed that staff were provided with food hygiene training. This meant that staff were trained to support people with the preparation of their meals appropriately.

Our judgement

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We spoke with three people who used the service. Their feedback did not relate to this standard.

Other evidence

Our compliance review in March 2012 found that the provider was not meeting this standard. This was because people using the service were not protected from the risks of acquiring infections because training, procedures or monitoring systems were not in place.

The provider sent us their improvement report and explained how they had addressed the shortfalls identified in our compliance report. This included review of the infection control procedures and providing staff access to the 'Department of Health Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections'. During this visit to the service we saw that the improvements had been made. The Code of Practice was displayed in the staff room and a staff member told us they were aware of the document's contents. Notices for effective hand washing were displayed in the toilets used by the staff in the domiciliary care agency premises.

We saw the care records of three people who used the service which explained how people were supported to minimise the risks of cross infection in their own homes.

Two staff members spoken with told us that they were provided with training which advised them how to minimise the risks of cross infection in food hygiene training. Their training records that were seen confirmed this. One staff member told us that they had access to disposable gloves and aprons that they used when supporting people with

personal care to ensure that risks of cross infection were minimised.

The registered manager told us that the provider had sourced further infection control training and this was planned to be delivered to all staff. They showed us e-mails with the training provider which confirmed what we had been told.

Our judgement

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

Three people we visited in their homes let us look at their medication administration records (MAR). One person told us that the staff reminded them when they needed to take their medication. Another person said that they independently managed part of their medication and "Staff check that I have signed for it."

Other evidence

Our compliance review in March 2012 found that the provider was not meeting this standard. This was because appropriate training was not in place and improvements were needed to ensure that risks in relation to people's individual medication were documented.

The provider sent us their improvement report and explained how they had addressed the shortfalls identified in our compliance report. The report told us that staff had completed medication observations of competency, staff were provided with medication training and risk assessments relating to medication were in place.

We saw staff training records which showed that they had been provided with medication training.

We saw three people's care records which explained the support that they needed with their medication and how the risks relating to their medication were minimised. There were also medication profiles in place which explained why people's medication was

prescribed and the support that they needed with their medication.

We saw the medication administration records (MAR) of three people which showed that appropriate arrangements were in place for the recording of medication and people were supported to take their medication at the prescribed times.

Our judgement

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We spoke with three people who used the service. Their feedback did not relate to this standard.

Other evidence

The agency was run from premises which also provided flats in which six people who used the service lived in. The agency also provided a service to other people who lived in their own homes. The provider had recently amended their registration for Savile Court to provide the regulated activity 'personal care' in another of the provider's supported living schemes.

The agency premises was suitable for running a domiciliary care agency. There was equipment in place including telephones and computers. There was secure storage for staff personnel records and people's care records. The registered manager told us that they kept all staff records in the premises. They were undertaking an archiving process in other people's homes and when this was completed their records would also be kept in the premises.

We saw records of health and safety checks such as fire safety. This meant that the provider had taken steps to ensure that the risks in the environment were minimised.

Our judgement

The provider was meeting this standard. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We spoke with three people who used the service. Their feedback did not relate to this standard.

Other evidence

There were effective recruitment and selection processes in place. We saw the personnel records of three staff members which showed that appropriate checks were undertaken before they began work. The checks made included references, interview, identification, Criminal Records Bureau (CRB) checks and their work history which was included in their application forms.

Staff were supported to undertake industry recognised qualifications such as a National Vocational Qualification (NVQ) in health and social care. Three staff member's records seen held certificates to show that they had achieved a qualification. The registered manager provided information from the agency human resources team which showed that seven staff had achieved a qualification, two were working on one and four had not yet achieved a qualification.

Our judgement

The provider was meeting this standard. People were supported by suitably qualified, skilled and experienced staff.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People we spoke with told us that the staff supported them when they asked for assistance. They were complimentary about the approach of the staff.

Other evidence

We spoke with two staff members who told us that they felt that there were sufficient staff to meet people's needs. A staff member explained the staffing arrangements for people who lived in Savile Court. We saw the staffing rota which confirmed what we had been told.

We saw the daily diary of one person who used the service which showed that they were provided with support from a regular group of staff members. This meant that they were provided with consistent service.

Two staff members we spoke with told us that they felt that they were provided with the training that they needed to meet people's needs. This was confirmed in the staff training records that were seen.

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

People we spoke with said that the staff treated them with respect. They said that the staff supported them when they needed it. One person said "We have a good laugh."

Other evidence

Our compliance review in March 2012 found that the provider was not meeting this standard. This was because there was no evidence to confirm that staff received appropriate training to enable them to deliver safe care and support.

The provider sent us their improvement report and explained how they ensured that evidence of staff training was kept in the service.

We saw the training records including a staff training matrix and certificates which showed that staff were provided with the training that they needed to meet people's needs. Training provided included moving and handling, medication, safeguarding vulnerable adults from abuse, food hygiene and health and safety.

We spoke with two staff members who told us that they felt that they were provided with enough training to meet people's needs. They said as well as the mandatory training they attended training which was specific to the needs of people using the service such as challenging behaviour and autism. This was confirmed in their training records seen.

Staff also told us that they were provided with regular one to one supervision meetings and annual appraisal meetings which was confirmed in records seen. These meetings provided staff with the opportunity to discuss the ways that they worked and to receive

feedback about their performance.

We also saw the minutes from staff meetings which showed that they discussed, as a group, the ways that they supported people and any changes in their needs. This meant that staff provided a consistent service to people which met their needs.

Our judgement

The provider was meeting this standard. People were supported by staff who were supported to deliver care and support safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People we spoke with said that the staff listened and acted on what they said.

Other evidence

Our compliance review in March 2012 found that the provider was not meeting this standard. This was because effective management systems were not in place to monitor and manage risks to people's health, welfare and safety.

The provider sent us their improvement report and explained how they had addressed the shortfalls identified in our compliance report.

The registered manager showed the provider's intranet which held evidence to show that the provider monitored and assessed the service provided to people. This included internal and external audits including safeguarding.

People who used the service were asked for their views about the support they were provided with and they were acted upon. People completed annual satisfaction questionnaires. We also saw that people living in Savile Court attended regular meetings to discuss the service they were provided with. There were no concerns raised by people about the service and the support they were provided with.

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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